
Joint Technical Committee
HB ~~21.1116.02000~~ (Ivermectin bill) 15/4
November 9, 2021 - Special Session

Chairman Weisz, Madam Chair Lee and members of the committee, my name is Mike Schwab, Executive Vice President of the North Dakota Pharmacists Association. We are here today opposing HB 21.1116.0200 otherwise known as the Ivermectin bill.

Chairman, Madam Chair and members of the committee, the profession of pharmacy has many concerns with how this bill is currently written. This bill effects pharmacists practicing in a variety of settings such as hospitals, nursing homes, retail pharmacies and more.

Due to the increase in prescribing and dispensing of Ivermectin, the American Medical Association, American Pharmacists Association and American Society of Health System Pharmacists issued a joint press release in September 2021, calling for an immediate end to the prescribing, dispensing and use of Ivermectin for COVID-19 outside of the many ongoing clinical trials for Ivermectin.

While off-label prescribing and dispensing happens often, what is atypical with Ivermectin for COVID-19 is the FDA, CDC, national medical organizations, and national pharmacy organizations have recommended against its utility. Even with such recommendations, in ND, pharmacy has maintained access to Ivermectin for patients and we have left it up to the professionals in their respective fields to determine how they want to individually practice within their scope. Personally, I feel this has served ND citizens quite well.

Again, wide access to Ivermectin already exists in ND and Ivermectin is being dispensed by pharmacies for the treatment of COVID-19. In Bismarck alone, there are at least 8 different pharmacies providing Ivermectin to patients with a valid prescription. We have rural pharmacies providing it and compounding pharmacies are compounding it with zinc, vitamin D and vitamin C for patients to help minimize any potential side effects.

For the vast majority of Ivermectin prescriptions written, they are being dispensed by local ND pharmacies. We are seeing an increasing number of Ivermectin prescriptions coming from the use of Telemedicine. Pharmacies are reporting patients are presenting “invalid” prescriptions. The pharmacy cannot fill the prescription because it is coming from a physician who is not licensed in this state where the patient they are treating resides. The pharmacist is left trying to explain to the patient why they cannot fill the prescription. According to how the bill is written, it appears even if the pharmacist is presented with an invalid prescription, they would still have to fill it.

Are physicians going to be mandated to prescribe Ivermectin to any patient who asks for it since pharmacies are being mandated to dispense it? If the thinking is a patient can just go to another physician to get the prescription, why shouldn't the same hold true on the dispensing side of the drug? Again, as of right now, a patient can find a physician to prescribe the drug and a patient can find a pharmacy to dispense the drug.

Insurance companies and pharmacy benefit managers have already sent notices and reminders to pharmacy letting them know they should not be dispensing

medications that are not deemed “clinically appropriate”. If a pharmacy dispenses the drug, there is a very high risk of the insurance company or PBM auditing the pharmacy and redacting payment.

The supply of Ivermectin can be limited at times. Due to the large increase in pharmacies dispensing Ivermectin, some wholesalers that provide Ivermectin to ND pharmacies, have issued “quantity limits”. In some cases, a wholesaler may provide no more than 3 packages per primary account and nothing to secondary accounts. Wholesalers state they are also on allocations from the drug manufacturers at times.

There are liability concerns by our members. Will pharmacists be provided immunity? There are some serious adverse drug-to-drug interactions to consider as you debate this bill. Neurotoxicity can happen from too high a dose or from risk of increased (fast) absorption into a patient’s body. Neurotoxicity can cause severe poisoning and the central nervous system can start to shut down, leading to coma or even death. There are a lot of drugs that interact with Ivermectin such as statins (cholesterol lowering drugs), anticoagulant drugs (blood thinners), HIV inhibitors, calcium channel blockers, lidocaine, benzodiazepines and more. If the pharmacist is prohibited from using their professional judgement and is forced to dispense Ivermectin to a patient and something bad happens, is the pharmacist liable? Again, our members want to be granted immunity if this government mandate is to be enacted.

Private pharmacy businesses are given enough government mandates, we do not need nor support another one.

Do these bills effect or have a relationship to our professional “conscientious objection clause” that came out of Roe vs Wade? Conscientious objection in health care is the refusal to perform a legal role or responsibility because of moral or other personal beliefs. In health care, conscientious objection can involve practitioners not providing certain treatments or products to their patients and parents not consenting to certain treatments for their children such as immunizations due to moral or other personal beliefs. ND honors these types of moral objections. It appears this bill is attempting to supersede our professional right to such protections.

Members of the committee, this bill raises more questions than answers. From what we can tell and have researched, there is no systemic issue regarding access to Ivermectin in ND through our local pharmacies. For this reason and all the other reasons listed above, we are opposed to this bill. I am happy to try and answer any questions. Thank you for your time and attention to this very important matter.

Respectfully submitted,



Mike Schwab
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